

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097 732, 348 FILING DATE	
						APPLICANT(S) 097 32348	
5-26-04 6-29-05 CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2	1	1					52
3		1					53
4		3					54
5		3					55
6		3					56
7	1						57
8	1						58
9		④					59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24			1		1		74
25				1		1	75
26				1		1	76
27				1		1	77
28				1		1	78
29				1		1	79
30				1		1	80
31				1		1	81
32				1		1	82
33				1		1	83
34				1		1	84
35				1		1	85
36				1		1	86
37				1		1	87
38				1		1	88
39				1		1	89
40				1		1	90
41				1		1	91
42				1		1	92
43				1		1	93
44				1		1	94
45				1		1	95
46				1		1	96
47				1		1	97
48				1		1	98
49				1		1	99
50				1		1	100
TOTAL IND.	3		2		1		TOTAL IND.
TOTAL DEP.	12		45		19		TOTAL DEP.
TOTAL CLAIMS	15		47		20		TOTAL CLAIMS